

XCALLIBER CUSTOMER CREDIT APPLICATION

PLEASE FILL OUT & SEND BACK BY FAX TO 203.775.0816, OR VIA EMAIL TO
BILLING@XCALLIBER.COM

ORGANIZATION INFORMATION

COMPANY NAME: _____

STREET ADDRESS 1: _____

STREET ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

WEBSITE ADDRESS: _____

EMAIL ADDRESS: _____

FEDERAL IDENTIFICATION #: _____

DATE BUSINESS STARTED: _____

TYPE OF BUSINESS: _____

CHIEF EXECUTIVE OFFER: _____

CHIEF FINANCIAL OFFER: _____

ACCOUNTS PAYABLE CONTACT: _____

DUNS #: _____ D&B RATING: _____

BANK REFERENCE

NAME: _____

CONTACT: _____

CONTACT EMAIL: _____

TELEPHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____

TRADE REFERENCE #1

NAME: _____

TELEPHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____

EMAIL: _____

TRADE REFERENCE #2

NAME: _____

TELEPHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____

EMAIL: _____

TRADE REFERENCE #3

NAME: _____

TELEPHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____

EMAIL: _____

BY SIGNING THIS, I HEREBY AUTHORIZE THE ABOVE-NAMED ORGANIZATIONS TO RELEASE ANY INFORMATION ORDINARILY GIVEN BY THE RESPECTIVE ORGANIZATION, TO XCALLIBER.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____